



Life Insurance Corporation of India
Health Plus Plan Proposal Form – Addendum for Bank Details

HI/PPL/1/b

Name of the Proposer		
Bank Details of Proposer	Bank Name	
	Bank Branch location & Code	
	Bank Account Number	
	NEFT / RTGS IFSC- CODE NUMBER	
	MICR No	

Note: I undertake to intimate regarding change in bank details to LIC promptly and I am aware that claims arising under this Policy will be settled through the above Bank Account only.

Signature of the Proposer

<p>Affix a cancelled cheque / Xerox copy of cheque here</p>
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To be filled by Divisional Health Unit

The payments will be made based on the accuracy of the above data. Divisional Health Unit is requested to verify data in Policy master and ensure accuracy of data.

Policy Number	Division Name & Code	Branch Name & Code

The **Bank Account Details** are verified with the data captured in the Policy Master and are found to be in order and where discrepancies have been noticed the data has been corrected.

Prepared by

Checked by

Manager (Health Insurance)